

- ☐ Fatal
☐ Injury
☐ PDO OVER \$500
☐ PDO UNDER \$500
☐ Private Property

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
 Rev. 1-95

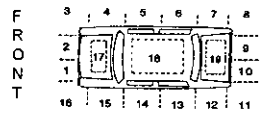
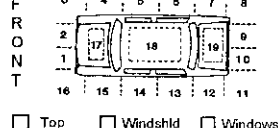
- ☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of /
Distance	F/M/I	Dir. <input type="checkbox"/> FROM <input type="checkbox"/> AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number		Reviewed By
COLLISION DIAGRAM (Show Unit Movements, Roads) <div style="text-align: center;"> N </div>				Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.		DATE OF ACCIDENT	
						TIME Occurred	DAY
						TIME Notified	DAY
						TIME Arrived	DAY
Object damaged and nature of damage (Show location in diagram)				Name and Address of object owner			

ON Road	Cntrl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only
County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder	Func. Class	
Unit	<input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)	Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs	
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)				STATE	LICENSE PLATE #	YEAR	Removed By:		
DRIVER'S LICENSE STATE and NUMBER				CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER		Odometer
Registered OWNER FULL NAME ("Same" if Driver)				Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL occupants in this vehicle	Fire?	Insurance Company		
OWNER Address ("Same" if Driver)				Special Data Area	Direction of Travel	Policy Number			
Special Conditions for unit above: <input type="checkbox"/> 01 Hit & Run <input type="checkbox"/> 02 Non-Contact <input type="checkbox"/> 03 Stolen <input type="checkbox"/> 04 Legally parked <input type="checkbox"/> 05 Police pursuit <input type="checkbox"/> 06 Driverless <input type="checkbox"/> 07 Towed away									
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TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT

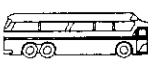















E Unit	INJURED TAKEN By:	E Unit	INJURED TAKEN By:	E Unit	INJURED TAKEN By:
M S A	INJURED TAKEN To:	M S B	INJURED TAKEN To:	M S C	INJURED TAKEN To:

SPECIAL DATA (State Use Only)				USE CODE "99" FOR UNKNOWN				
Dr/Pd #	Violation Charged	Citation No.	Dr/Pd #	Violation Charged	Citation No.	Dr/Pd #	Violation Charged	Citation No.
OFFICER'S OPINIONS OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type-Unit Number/Specific Factor) Enter in order all codes that apply.								
LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark: street lights on 05 Dark: no street lights		TRAFFIC CONTROLS O/A (On/At Road) Type Present OK/NF (OK/Non-functional) 00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates or signal 07 RR crossing signs 08 No passing zone 09 Center/edge lines 88 Other		ACCIDENT CLASS 00 Other non-collision 01 Overturned COLLISION WITH: 02 Pedestrian 03 Other motor vehicle* 04 Parked motor vehicle 05 Railway train 06 Pedalcycle 07 Animal(specify) 08 Fixed object** 09 Other object		* COLLISION WITH OTHER MOTOR VEH. 01 Head on 02 Rear end 03 Angle 04 Sideswipe-opposing 05 Sideswipe-overtaking 06 Backed into 88 Other		
WEATHER 00 No adverse conditions 01 Rain 08 Freezing rain 02 Sleet 14 Rain & fog 03 Snow 16 Rain & wind 04 Fog 24 Sleet & fog 05 Smoke 36 Snow & winds 06 Strong winds 07 Blowing dust, sand, etc. 88 Other		ROAD CHARACTER ON 01 Straight and level 02 Straight on grade 03 Straight at hillcrest AT 04 Curved and level 05 Curved on grade 06 Curved at hillcrest 88 Other		ACCIDENT LOCATION ON ROADWAY: 11 Non-intersection 12 Intersection 13 Intersection-related 14 Parking lot or driveway access 15 Interchange area 16 On crossover OFF ROADWAY: 21 Roadside (including shoulder) 22 Median 23 Parking lot, rest area trafficway 88 Other		** FIXED OBJECT TYPE 01 Bridge structure 02 Bridge rail 03 Crash cushion (barrels) 04 Divider, median barrier 05 Overhead sign support 06 Utility pole, devices 07 Other post or pole 08 Building 16 Mailbox 09 Guardrail 17 Ditch 10 Sign post 18 Embankment 11 Culvert 19 Wall 12 Curb 20 Tree 13 Fence 21 RR crossing 14 Hydrant fixtures 15 Barricade 88 Other		
SURFACE TYPE ON 01 Concrete 02 Blacktop AT 03 Gravel 04 Dirt 05 Brick 88 Other		CONST./MAINT. ZONE ON 00 None apply 01 Construction zone AT 02 Maintenance zone 03 Utility zone		ROAD SPECIAL FEATURES Identify up to three 00 None 04 Railroad crossing Code Ident 01 Bridge 05 Interchange 02 Bridge overhead 06 Ramp 03 Railroad bridge 88 Other				
VEHICLE MANEUVER BEFORE CRASH 01 Straight-following road 02 Left turn 03 Right turn 04 U turn 05 Overtaking (passing) 06 Changing lanes 07 Avoiding maneuver 08 Merging 09 Parking 10 Backing 11 Stopped awaiting turn 12 Stopped in traffic 13 Illegally parked 14 Disabled in roadway 15 Slowing or stopping 88 Other		DAMAGE LOCATION AREA--Vehicle 1  Trailer? <input type="checkbox"/> Present <input type="checkbox"/> Damaged		VEHICLE BODY TYPE 01 Automobile 10 Single truck over 4-tires 02 Motorcycle 11 Truck and trailer(s) 03 Motorscooter or Moped 12 Tractor-trailer(s) 04 Van 13 Cross country bus 05 Pickup truck 14 School bus 06 Single truck 4-tires 15 Transit bus 07 Camper or RV 25 Train 08 Farm equipment 88 Other 09 All terrain vehicle(ATV)		Bus Capacity 1 <input type="text"/> 2 <input type="text"/>		
VEHICLE DAMAGE 00 None/None known 01 Damage (minor) 02 Functional 03 Disabling 04 Destroyed 88 Other		DAMAGE LOCATION AREA--Vehicle 2  Trailer? <input type="checkbox"/> Present <input type="checkbox"/> Damaged		PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION: 01 In crosswalk or bikeway 02 Not in crosswalk or bikeway 03 In intersection without crosswalk or bikeway NOT IN INTERSECTION 11 In available crosswalk or bikeway 12 Not in available crosswalk or bikeway 13 In area without crosswalk or bikeway 25 NOT IN ROADWAY		PEDESTRIAN ACTION 01 Entering or crossing road 02 Walking or riding on road 03 Approaching, leaving, or working on vehicle 04 Working (not on vehicle) 05 Playing or standing 06 Approaching or leaving bus 07 In parked vehicle 88 Other		
DR. LIC. COMPLY (Code each driver) 00 Not licensed 01 Valid license 02 Invalid license		RESTRICT. COMPLY (Code each driver) 00 No restrictions 01 Complied with 02 Did not comply		SUBSTANCE USE AP - Alcohol Present AC - Alcohol Contributed DP - Illegal Drug Present DC - Illegal Drug Contributed MP - Medication Present MC - Medication Contributed		DRIVER/PED IMPAIRMENT TEST TR Alcohol or drug Test Refused PT Positive preliminary Test RP Test given, Results Pending 0. ← B.A.C. → 0.		

TRUCK - BUS SUPPLEMENT

Supplement required for accidents involving trucks with at least 2 axles and 6 tires, OR buses with a seat capacity of 15 or more, OR any vehicle transporting hazardous material.

COUNTY	ON Road	CITY	DATE of Accident	TIME Occurred	Day	Traffic Unit No.	Page of /
STATE USE ONLY		Investigating Dept.	Investigating Officer/Badge No.			Local Case Number	
CARRIER NAME (CORPORATE BUSINESS NAME)						KANSAS PERMITS (Issuer and Permit Number)	
CARRIER ADDRESS		CITY	STATE	ZIP CODE		1. _____ 2. _____ 3. _____	
U.S. GOVERNMENT PERMITS (issuer and Number)			SOURCE OF NAME (enter one only)				
USDOT			ICC MC			01 Side of vehicle 03 Driver 02 Shipping papers 04 Logbook or manifest	

2 axles, 6 tires							
							
01		02		03		04	
							
05			06			07	

VEHICLE CONFIGURATION 01 Bus _____ (capacity) 02 Single-unit truck (2-axle, 6-tires) 03 Single-unit truck (3 or more axles) 04 Truck and tractor 05 Truck tractor (bobtail) 06 Truck tractor and semi-trailer 07 Truck tractor and double trailer 08 Truck tractor and triple trailer 09 Heavy truck, cannot classify	ON ROAD LANE TYPE 00 Undivided 01 One-way roadway 02 Divided roadway, median strip without barrier 03 Divided roadway, median strip with barrier	ACCESS CONTROL 00 No control (unlimited access) 01 Full control (entry/exit only by ramp) 88 Other _____
CAB TYPE (for single truck or tractor) 01 Cab behind engine 02 Cab over engine	CARGO TYPE 00 Empty 01 Driveaway or towaway 02 Explosives 03 Farm and other animals 04 Farm products 05 Gases 06 General freight (packages) 07 Heavy machinery, objects 08 Household goods 09 Liquids (bulk) 10 Logs, poles, lumber 11 Metal (coils, sheets, etc.) 12 Mobile home 13 Motor vehicles 14 Refrigerated foods 15 Solids (bulk) 16 Rock, sand, gravel, salt 17 Food products 18 Plastic products 88 Other _____	SEQUENCE OF EVENTS (list up to 4) 00 Ran off road 11 Jackknife 12 Overturn 13 Downhill runaway 14 Cargo loss or shift 15 Explosion 16 Fire 17 Separation of units 18 Trailer swing COLLISION WITH: 21 Pedestrian 22 Motor vehicle in transport 23 Parked motor vehicle 24 Train 25 Pedalcycle 26 Animal 27 Fixed object 28 Other object 88 Other event _____

TRAILERS		TOTALS				HAZARDOUS MATERIALS DATA		
	WIDTH (inches)	LENGTH (feet)						
Trailer 1			Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight	Material ID No.	Weight (pounds)
Trailer 2								Spill or release?
Trailer 3								

USE CODE "99" FOR UNKNOWN

INVESTIGATIVE - FATALITY REPORT

COUNTY	ON Road	CITY	DATE of Accident	<input type="checkbox"/> Fatal, narrative & diagram on fatal accident (required by State) <input type="checkbox"/> Investigative Report		Page of /
STATE USE ONLY		INVESTIGATIVE DEPT.	TIME Occurred	Day	Invest. OFFICER/BADGE No.	Local Case Number
TIME EMS NOTIFIED	EXTRICATION WAS REQUIRED FOR THE FOLLOWING PERSONS	SPECIAL JURISDICTION 00 Not Special 01 National Park Service 02 Military 03 Indian Reservation 04 College/University Campus 05 Other Federal properties 88 Other 99 Unknown	VEHICLE 1 DAMAGE 		VEHICLE 2 DAMAGE 	
TIME EMS ARRIVED			<input type="checkbox"/> Undercarriage <input type="checkbox"/> Estimated Speed, MPH <input type="checkbox"/> No Damage		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Estimated Speed, MPH <input type="checkbox"/> No Damage	
TIME EMS ARRIVED AT HOSPITAL						
IMPACT POINTS: Show initial impact point by arrow and label "I". Show principal impact point by arrow and label "P".						

COLLISION DIAGRAM

Draw scene as observed. Refer to vehicles, drivers, and pedestrians by numbers assigned in this report.

SHOW

- (1) Outline of street and access points and identify specifically by number.
- (2) Paths of units prior to and after impact, skidmarks, and point of impact (POI).
- (3) Location of signs, traffic controls, and reference points.
- (4) Location of other property hit or damaged (trees, signs, etc.).
- (5) Specific features at location (bridge, overpass, culvert, railroad crossing, etc.).
- (6) Location of temporary highway conditions.
- (7) All measurements to locate the accident relative to specific, fixed, and identifiable points.

